REST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 D/A1466													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			16				RAT	Έ	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		. 6		X\$ 9)=		OR	X\$18=	J	
INDEPENDENT CLAIMS			2 minus 3 =		Ø		X40=			OR	X80=	~	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT							OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA		<u> </u>	OR	TOTAL	710	
1/14/05 CLAIMS AS AMENDED - PART II											OTHER	THAN	
	(Column 1) (Column 2) (Column						SMA	Ш	ENTITY	OR	SMALL I	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	.	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 12	Minus	2	0	= /	X\$ 9)=		OR	X\$18=		
ARE	Independent	. /	Minus	3	3	=/	X40=			OR	X8 0=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								/		+270=		
		•						= TAL		OA	TOTAL		
	(Column 1) (Column 2) (Column 3						ADDIT.			OR	ADDIT. FEE		
_			(Colui		(Column 3)				1 1				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RAT	E ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	•	Minus	***		=		_		OR	X80=		
	FIRST PRESENTATION OF MULTI		JLTIPLE DEF	TIPLE DEPENDENT			-			ΟĊ			
							+135			OR	+270=		
		1					TO' Addit. F	TAL	_	OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	••		=	X\$ 9	_		OR	X\$18=		
ME	Independent	•	Minus	***		=	X40:	_			X80=		
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the output in column 1 is less than the output is eahume 2 unite W in column 2										OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR ADDIT. FEE												
	The "Highest Nurr	ber Previously Pai	d For" (Total o	rindepend	ent) is the	highest number (ound in the	в арр	propriate box	in col	umn 1.		